PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control num

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/662,182				
Filing Date	September 12, 2003				
First Named Inventor	Jeffrey A. Hamilton et al				
Title	Incident Recording Information				
Art Unit	2632				
Examiner Name	Son M. Tang				
Attorney Docket Number					

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:								
Practitioners associated with the Customer Number:	65242							
OR								
Practitioner(s) named below:								
Name	Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change the correspondence address for the above-	identified application to:							
The address associated with the above-mentioned Customer N	Number:							
OR	14.11.25.1							
The address associated with Customer Number:								
OR L.								
Firm or Individual Name								
Address								
O'r								
City Country	State Zip							
Telephone	Email							
Lam the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature Spen a familia	Date 10/7/2007							
Name Jeffrey A/Hamilton	Telephone 303 771-8947							
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 2 forms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	imation unless it displays a valid Olvib control number.
Application Number	10/662,182
Filing Date	September 12, 2003
First Named Inventor	Jeffrey A. Hamilton et al
Title	Incident Recording Information
Art Unit	2632
Examiner Name	Son M. Tang
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:								
	ssociated with the Customer Number: 65242							
OR								
Practitioner(s) named below:								
Name			Registration Number					
- MPS.J								
***************************************	•			<del>:</del>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please recognize or change the correspond	dence address for the above-ident	ified applica	ation to:					
The address associated with the above-mentioned Customer Number:								
OR	The address associated with the above-mentioned Customer Number.							
The address associated with Cus	stomer Number							
OR	Romer Number.							
Firm or Individual Name	•							
Address	<u></u>							
City		State			Zip			
Country Telephone		Email						
I am the:		Lillaii						
Applicant/Inventor.								
Assignee of record of the entire in								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
ame Robert Jeffrey Scamon			1	Date Telephone	10-7-07			
Title and Company	. to control to contro				(303) 9/1-0190			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one								
signature is required, see below*.								
*Total of 2 forms are s	ubmitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amcunt of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.